



## UNITED STATES PATENT AND TRADEMARK OFFICE

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UNDER SECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND  
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE

November 18, 2004

WAGNER, MURABITO & HAO LLP  
TWO NORTH MARKET STREET, THIRD FLOOR  
SAN JOSE, CA 95113  
US

Dear Sir/Madam,

Your refund request for 10814082 in the amount of \$180.00 has been denied .

You have 53 total claims - 20 allowed is 33 we charged for.  
 $33 \times 18.00 = \$594.00$

Sincerely,

ELEANOR KURTZ  
Technical Center Others  
703 308-3642

WMH

**FAX COVER SHEET**WAGNER, MURABITO, & HAO LLP  
2 NORTH MARKET ST.PHONE: (408) 938-9060  
FAX (408) 938-9069THIRD FLOOR  
SAN JOSE, CA 95113

<b>SEND TO:</b>	DEPOSIT ACCOUNT	<b>FROM:</b>	DONNA PETFORD
<b>ATTENTION:</b>	REFUNDS	<b>DATE:</b>	OCTOBER 6, 2004
<b>FAX NUMBER:</b>	(703) 308-6778	<b>PHONE NUMBER:</b>	(408) 938-9060

☐ URGENT ☒ PLEASE REPLY ☐ PLEASE COMMENT ☐ PLEASE REVIEW ☐ FOR YOUR INFORMATION

**TOTAL PAGES, INCLUDING COVER:** 1**COMMENTS:****RE: ERRONEOUS CHARGES- ACCOUNT # 23-0085**

TO WHOM IT MAY CONCERN:

ON JULY 20, 2004, OUR DEPOSIT ACCOUNT WAS CHARGED \$180.00 IN ERROR. OUR RECORDS INDICATE THAT THERE WAS NO ACTIVITY FOR APPLICATION NUMBER 10/814,082 WHICH WOULD REQUIRE AN ADDITIONAL CLAIMS CHARGE.

THE ACCOUNT NUMBER IS 23-0085 AND IT'S DOMAIN IS UNDER WAGNER, MURABITO, & HAO LLP. PLEASE CREDIT OUR ACCOUNT ACCORDINGLY. I GREATLY APPRECIATE YOUR ASSISTANCE. THANK YOU.

SINCERELY,  
DONNA PETFORD  
WAGNER, MURABITO, & HAO LLP

PHONE#: (408) 938-9060  
FAX#: (408) 938-9069  
EMAIL: [DPETFORD@WMHPATENTS.COM](mailto:DPETFORD@WMHPATENTS.COM)



WMH

☒ Amend this specification by inserting, before the first line, the following sentence:

"This application claims priority to the copending application(s)

☒ Application Number 60/475,801 filed on 06/03/03

which is hereby incorporated by reference to this specification

☐ International Application filed on

which designated the U.S."

#### FEES DUE

The fees due for filing the specification pursuant to 37 C.F.R. § 1.16 and for recording of the Assignment, if any, are determined as follows:

CLAIMS					
	NO. OF CLAIMS		EXTRA CLAIMS	RATE	FEES
Basic Application Fee					\$770.00
Total Claims	53	Minus 20=	23	X \$18 =	\$414.00
Independent Claims	3	Minus 3=	0	X \$86=	\$0.00
If multiple dependent claims are presented, add \$290.00					\$0.00
Add Assignment Recording Fee of \$40.00 If Assignment document is enclosed					\$0.00
<b>TOTAL APPLICATION FEE DUE</b>					<b>\$1,184.00</b>

#### PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

1. Not enclosed

[ ] No filing fee is to be paid at this time.

2. Enclosed

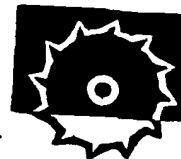
[ X ] Filing fee

[ X ] Recording assignment

[ X ] The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit any overpayment to Deposit Account No.: 23-0085. A duplicate copy of this authorization is enclosed.

**FAX COVER SHEET**

WMH

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